

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 11/13/10

PRINTED: 10/05/2010
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445319 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/29/2010 |
| NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS | F 000 | This plan of correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies | | |
| F 281 SS=D | <p>Complaint investigation #'s 24173, 24685, 24692, 25902, 25910, 25921, and 25923, were completed at Willows at Winchester Care & Rehabilitation on September 27 - 29, 2010. No deficiencies were cited on complaint investigation #'s 24173, 25902, 25910, 25921, and 25923, under CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited on complaint investigation #'s 24685 and 24692.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to follow the care plan for one resident (#5); and failed to follow physician's orders for one resident (#8) of eleven residents reviewed.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on December 12, 2008, with diagnoses including Hypothyroidism, Cerebral Vascular Accident, and Osteoporosis.</p> <p>Medical record review of the Minimum Data Set dated May 21, 2010, revealed the resident was "...total dependence..." for transfers.</p> <p>Medical record review of the Care Plan dated June 4, 2010, revealed "...use lift for transfers with assistance of two."</p> | F 281 | <p>F281-D</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The current plan of care for transfers utilizing a mechanical lift with assist of two was reviewed by the Assistant Director of Nurses on 9/29/10 and found that it is being followed for RI# 5.RI# 8 discharged from the facility on 10/7/2009.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> | 10/07/2010 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Quiana Manan

Administrator

10/12/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 281 | Continued From page 1 Review of a facility investigation dated July 16, 2010, revealed "...manually lifted resident to shower chair..." Interview on September 28, 2010, at 12:30 p.m., with Certified Nursing Assistant #1, at the nurse's station, revealed "...lifted resident manually with help...did not use the full lift..." Interview on September 28, 2010, at 2:30 p.m., with the ADON (Assistant Director of Nursing) in the ADON's office, confirmed the facility failed to follow the care plan for proper transfer of the resident. Resident #8 was admitted to the facility on April 4, 2009, with diagnoses including Chronic Kidney Disease (stage III), Atrial Fibrillation, Cerebral Vascular Accident and Hypertension. Medical record review of the physician's order revealed the resident was to have a weekly BMP (Basic Metabolic Panel) . Review of the laboratory report revealed the last BMP lab was completed August 17, 2009. Interview with Director of Nursing on Sept 28, 2010, at 2:50 p.m., in the conference room, confirmed the last BMP lab was August 17, 2009. | F 281 | Director Of Nursing/Assistant Director of Nursing/Staff Development Coordinator conducted an audit on 9/29/2010 to determine the plan of care is being followed for residents requiring mechanical lifts for transfers. Lab audits were completed by the Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator on 10/7/10 to determine labs are completed as ordered. No other resident(s) were identified to have been affected. 3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur Licensed Nurse/CNA re-training was held on 9/30/2010 and 10/1/2010 per Staff Development Coordinator regarding following the plan of care for utilizing mechanical lifts for transfers with assistance of 2 persons. Licensed Nurses were re-trained on 10/1/2010 per Staff Development Coordinator regarding lab tests being completed as ordered with | | 10/07/2010 |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. | F 323 | | | |

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| F 323 | Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to supervise to ensure staff used a proper transfer device when transferring one resident (#9) of eleven residents reviewed. The findings included: Resident #9 was admitted to the facility on September 3, 2008, with diagnoses including Hypertension, Congestive Heart Failure, Late effect of Cerebral Vascular Accident, Osteoarthritis, and Pressure Ulcer lower back. Medical record review of the Minimum Data Set dated October 5, 2009, revealed the resident had short term memory deficit, required extensive assist for transfers and was non ambulatory. Medical record review of the care plan dated October 6, 2009, revealed the resident was to be transferred using the sit to stand mechanical lift. Review of a facility investigation dated December 9, 2009, revealed the resident was manually transferred to a bedside commode on November 23, 2009, and after staff members placed resident back in bed, the resident complained of leg pain. Continued review of the facility's investigation revealed the resident continued to complain of pain and pain medication was given through out the night. Medical record review revealed the resident was | F 323 | will be taken Director Of Nursing/Assistant Director of Nursing/Staff Development Coordinator conducted audit on 9/29/2010 to determine the plan of care is being followed for residents requiring mechanical lifts for transfers. No other residents were identified to have been affected. 3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur Licensed Nurse/CNA re-training was held on 9/30/2010 and 10/1/2010 per Staff Development Coordinator regarding following the plan of care for utilizing mechanical lifts for transfers with assistance of 2 persons with the intention to maintain the integrity of the process. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; | | |

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| F 323 | <p>Continued From page 3</p> <p>sent to the local hospital on November 24, 2009 and an Xray revealed a fracture of right femur.</p> <p>Interview with CNA#2 (one of the CNAs who were involved in transferring the resident on November 23, 2009) on September 28, 2010 at 12:45 p.m. in the conference room, revealed two CNAs transferred the resident to the bedside commode without using the mechanical lift but the resident did not fall or hurt their leg during this transfer. The CNA stated they stayed with the resident while the resident was on the commode and the resident did not specifically say their leg was hurting until the resident was assisted back to the bed. The CNA stated the resident's voiced pain was reported to the nurse.</p> <p>Interview with LPN #1 (Licensed Practical Nurse) on September 28, 2010, at 1:00 p.m., in the conference room, revealed the nurse had assessed the resident the evening of November 23, 2009, and had not noticed anything abnormal with the resident. Continued interview revealed the resident would complain of pain but would not specify an area of pain.</p> <p>Interview with the Director of Nursing (DON) on September 28, 2010, at 1:50 p.m., in the DON's office, confirmed the facility had failed to use lift for the resident for the transfer on November 23, 2009.</p> <p>Interview with the resident's doctor on September 29, 2010 at 8:00 a.m. revealed "Hard to tell" if the transfer without the lift could have caused the resident's fracture.</p> <p>C/O #24685, #24692</p> | F 323 | <p>i.e., what quality assurance program will be put into place</p> <p>Director Of Nursing/Assistant Director Of Nursing/Staff Development Coordinator to conduct weekly audits x4 weeks then monthly x2 months to begin on 10/06/2010 regarding following the plan of care for utilizing mechanical lifts for transfers with assistance of 2 persons and brought forward to Performance Improvement (PI) committee for further recommendations and/or suggestions and follow up as needed. The PI committee consists of Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, MDS Coordinator. All members are invited to attend monthly PI Committee meetings.</p> | | |

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